

ENGROSSED HOUSE BILL No. 1023

DIGEST OF HB 1023 (Updated February 15, 2006 11:13 am - DI 104)

Citations Affected: Noncode.

Synopsis: Addiction treatment facilities. Allows certain addiction treatment facilities to be located in a county that is contiguous to a county with an existing facility.

Effective: Upon passage.

Ayres, Brown T, Brown C, Cheney (SENATE SPONSORS—HEINOLD, MILLER, TALLIAN)

January 4, 2006, read first time and referred to Committee on Public Health.

January 10, 2006, read first time and referred to Committee of January 10, 2006, reported — Do Pass.

January 17, 2006, read second time, ordered engrossed.

January 18, 2006, engrossed.

January 19, 2006, read third time, passed. Yeas 93, nays 0.

SENATE ACTION
January 26, 2006, read first time and referred to Committee on Health and Provider Services. February 16, 2006, reported favorably — Do Pass.











Second Regular Session 114th General Assembly (2006)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2005 Regular Session of the General Assembly.

ENGROSSED HOUSE BILL No. 1023

A BILL FOR AN ACT concerning human services.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. P.L.28-2004, SECTION 191, IS AMENDED TO
READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: SECTION
191. (a) As used in this SECTION, "division" refers to the division of
mental health and addiction.

- (b) Except as provided in subsection (c) subsections (c) and (d), and notwithstanding IC 12-23-1-6(4), IC 12-23-14-7, and 440 IAC 4.4-2-1(e), the division may not grant specific approval to be a new provider of any of the following:
 - (1) Methadone.
 - (2) Levo-alphacetylmethadol.
 - (3) Levo-alpha-acetylmethadol.
- (4) Levomethadyl acetate.
- (5) LAAM.
 - (6) Buprenorphine.
 - (c) The division may not grant specific approval to be a new provider of one (1) or more of the drugs listed under subsection (b) unless:
- (1) the drugs will be provided in a county with a population of

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1	more than forty thousand (40,000);	
2	(2) there are no other providers located in the county or in a	
3	county contiguous to the county where the provider will provide	
4	the drugs; and	
5	(3) the provider supplies, in writing:	
6	(A) a needs assessment for Indiana citizens under guidelines	
7	established by the division; and	
8	(B) any other information required by the division.	
9	(d) Notwithstanding subsection (c), the division may grant	
10	specific approval to be a new provider of one (1) or more of the	1
11	drugs listed under subsection (b) in a county contiguous to a county	
12	in which an existing provider is located if:	•
13	(1) the drugs will be provided in a county with a population of	
14	more than forty thousand (40,000);	
15	(2) there are no other providers of the drugs listed under	
16	subsection (b) in the county in which the provider is seeking	4
17	approval; and	
18	(3) the provider supplies, in writing:	
19	(A) a needs assessment for Indiana citizens under	
20	guidelines established by the division that demonstrates	
21	that:	
22	(i) a heroin or an opiate problem exists in the county in	
23	which the provider is seeking approval; and	
24	(ii) a need exists for a heroin or an opiate treatment	
25	program in the county; and	
26	(B) any other information required by the division.	
27	(d) (e) Except as provided in subsection (k), (l), the division shall	1
28	prepare a report by June 30 of each year concerning treatment offered	,
29	by methadone providers that contains the following information:	
30	(1) The number of methadone providers in the state.	
31	(2) The number of patients on methadone during the previous	
32	year.	
33	(3) The length of time each patient received methadone and the	
34	average length of time all patients received methadone.	
35	(4) The cost of each patient's methadone treatment and the	
36	average cost of methadone treatment.	
37	(5) The rehabilitation rate of patients who have undergone	
38	methadone treatment.	
39	(6) The number of patients who have become addicted to	
40	methadone.	
41	(7) The number of patients who have been rehabilitated and are	
42	no longer on methadone.	



1	(8) The number of individuals, by geographic area, who are on a	
2	waiting list to receive methadone.	
3	(9) Patient information as reported to a central registry created by	
4	the division.	
5	(e) (f) Each methadone provider in the state shall provide	
6	information requested by the division for the report under subsection	
7	(d). (e). The information provided to the division may not reveal the	
8	specific identity of a patient.	
9	(f) (g) The information provided to the division under subsection (e)	
0	(f) must be based on a calendar year.	
1	(g) (h) The information required under subsection (e) (f) for	
2	calendar year 1998 must be submitted to the division not later than	
.3	June 30, 1999. Subsequent information must be submitted to the	
4	division not later than:	
.5	(1) February 29, 2004, for calendar year 2003;	
6	(2) February 28, 2005, for calendar year 2004;	
7	(3) February 28, 2006, for calendar year 2005;	
.8	(4) February 28, 2007, for calendar year 2006; and	
9	(5) February 29, 2008, for calendar year 2007.	
20	(h) (i) Failure of a certified provider to submit the information	
21	required under subsection (e) (f) may result in suspension or	
22	termination of the provider's certification.	
23	(i) (j) The division shall report to the governor and the legislative	
24	council the failure of a certified provider to provide information	_
25	required by subsection (e). (f).	
26	(j) (k) The division shall distribute the report prepared under	
27	subsection (d) (e) to the governor and legislative council.	
28	(k) (l) The first report the division is required to prepare under	y
29	subsection (d) (e) is due not later than September 30, 1999.	
0	(1) (m) The division shall establish a central registry to receive the	
31	information required by subsection (d)(9). (e)(9).	
32	(m) (n) A report distributed under this SECTION to the legislative	
33	council must be in an electronic format under IC 5-14-6.	
34	(n) (o) This SECTION expires July 1, 2008.	
55	SECTION 2. An emergency is declared for this act.	



COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1023, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill do pass.

BROWN T, Chair

Committee Vote: yeas 10, nays 0.

COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred House Bill No. 1023, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill DO PASS.

(Reference is made to House Bill 1023 as printed January 11, 2006.)

MILLER, Chairperson

Committee Vote: Yeas 9, Nays 1.

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